

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-016151**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **63**

**FILED MAY 14 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|   |   |  |                                     |
|---|---|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Newton</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Newton</b>                                 |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Neosho</b>  |   | c. CITY OR TOWN <b>Neosho</b>  |                                     |
| Length of stay in lb <b>3 Hrs.</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Sale Memorial Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>436 Park Street</b>  |                                     |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>LENA FRANCIS LAMAR</b>   |   | 4. DATE OF DEATH Month Day Year<br><b>May 3, 1962</b>  |                                     |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>5/5/1888</b> |
| 9. AGE (last birthday)<br><b>73</b>   |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housewife</b>  |                                     |
| 11. BIRTHPLACE (City and state or country)<br><b>Goodman, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                     |
| 13a. FATHER'S NAME<br><b>John M. Sala</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Nancy E. Smith</b>   |                                     |
| 14. NAME OF HUSBAND OR WIFE<br><b>Deceased (J.H. Lamar)</b>   |   | 17. INFORMANT Address<br><b>Juanita Busch Neosho, Mo.</b>  |                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br>DUE TO (b) <b>Arterio Sclerosis</b><br>DUE TO (c) <b>Hypertension</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 hr.</b>  |                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                     |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                     |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                     |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |                                     |
| 21. I attended the deceased from <b>1945</b> to <b>5-3-62</b> and last saw her alive on <b>5-3-62</b><br>Death occurred at <b>11:55 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.     |   | 22a. SIGNATURE (Degree or title)<br><b>H. J. Whithead M.D.</b>   |                                     |
| 22b. ADDRESS<br><b>Neosho Mo</b>  |   | 22c. DATE SIGNED<br><b>5-7-62</b>  |                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>5/6/1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oakwood Cemetery</b>  |                                     |
| 23d. LOCATION (City, town, or county) (State)<br><b>Neosho, Newton, Missouri</b>  |   | 24. FUNERAL DIRECTOR ADDRESS<br><b>Clark Funeral Home Neosho, Mo.</b>  |                                     |
| 25. DATE RECD. BY LOCAL REG.<br><b>5-2-62</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Delvin C. Bowman, M.D.</b><br><b>by: D. Belka</b>  |                                     |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jed L. Clark*

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood  
Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.